



TOWN OF NORTH HEMPSTEAD
BUILDING DEPARTMENT
176 PLANDOME ROAD, MANHASSET, NY 11030



REFUND REQUEST FORM

Section I. Job Address: (Please print clearly)

Address: _____

Section II. Applicant's Information:

Name: _____ E-Mail: _____

Address: _____ Phone: _____

Section III. Permit/Application Number/License Number:

Amount Requested: _____

Section IV. Reason for Requesting Refund:

Section V. Documentation: (Please note that refund requests for fees paid by check will not be processed until it is verified that the funds have cleared)

- ☐ Proof of payment (ex. Cancelled check, receipt, etc.)
- ☐ Other supporting documentation

FOR DOB STAFF USE ONLY

REFUND WILL NOT BE ISSUED WITHOUT THE NAMES AND SIGNATURES OF AUTHORIZED STAFF

Received Date: _____ Refund Amount: _____

1st Reviewer Print: _____ Signature: _____ Date: _____

2nd Reviewer Print: _____ Signature: _____ Date: _____

Notes: _____

- Include "Review Checklist" from original examination if necessary

Fee Calculation: _____ Amount Paid: _____ Refund Due: _____